2010 Calendar Year



Vaino Ethico Cerenceir

FEB 1 8 2011

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Mobaltan managada, Maline

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

| LEGISLATOR INFORMATION | |
|--|--|
| Name David C. Burns Mailing address 159 Dodge Road | Office: A House Senate District #32 |
| City, zip code Whiting, Maine 09691 | Phone 733-8856 557-6185(c) |
| PART 1. INCOME DERIVED FROM EMPLOYMENT BY A | NOTHER |
| List the name and address of each employer from whom you received compensation of \$1,00 economic activity of each employer. | 0 or more. Specify the principal type of |
| None | |
| Name of Employer Address | Principal Type of Economic Activity of Employer |
| | |
| | |
| PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LA | AW PRACTICE |
| A. List the name and address of your business or law firm, if any, and list the major areas of ecol derived income. If associated with a partnership, firm, professional association, or similar business activity or practice of that entity. | |
| None | All the contract of the contra |
| Name and Address of Business Entity or Law Firm Major Areas of Economic Activity/ Law Practice (self) | Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity) |
| Name: DC Burns Investigations, Inc- | Private |
| Name: DC Burns Investigations, Inc- Address: 159 Dadge Pel- Whiting, Me 04641 | Investigation Service |
| lame: | |
| address: | |

| PART 2 (continued). INCOM | ME DERIVED FROM SELF-EMPLOYMENT |
|--|--|
| | ent or law practice that represents more than 10% of your gross income of e of economic activity of the entity or person from whom you derived such an established code of professional ethics, specify only the principal type of the was derived. |
| Name and Address of Sou | Principal Type of Economic urce Activity of Entity or Person Who is the Source of the Income |
| Name: | |
| Address: | |
| Name: | |
| Address: | |
| PART 3, OTHE | ER SOURCES OF INCOME |
| List each source of income of \$1,000 or more not listed in Parts box. | s 1 or 2 of this form. Do not include gifts or honoraria. If none, check the |
| None | |
| Name and Address of Sour | rce Kind of Income |
| Completion of the Completion o | (investments, leases, etc.) |
| Name: Address: | * * |
| | |
| Name: | |
| Address: | |
| Name: | |
| Address: | |
| PADT 4 DED | ODTA DU TILLA DU LITA |
| List the names of creditors for any unsecured loans of \$3,000 | ORTABLE LIABILITIES |
| areas of economic activity of each creditor. Do not list credit can regulated financial institutions. If none, check the box. | or more that you received during the reporting period, and list the major d liabilities, educational loans, loans from a relative, or business loans from |
| None . | |
| Name and Address of Credito | Principal Type of Economic Activity of Creditor |
| Name: | |
| Address: | |
| Name: | |
| Address: | |
| DADTE DE | EDODTADI E OUTE |
| · · · · · · · · · · · · · · · · · · · | d with an aggregate value of more than \$300. If none, check the box. |
| None | and a second sec |
| Name of Source of Gift | Name of Source of Gift |
| 1. | 3. |
| 2. | 4. |

| f :- 1 41- a | | 6. REPORTABLE HONO | | |
|--|--|--|--|--|
| List the source of any None | y honoraria accepted for appearanc | es or speeches. If none, ch | neck the box. | Ny tanànkamanana mandrana ao ao amin'ny faritr'i Santana ao ao amin'ny faritr'i Andrews ao ao ao ao amin'ny faritr'i Andrews ao |
| | ame of Source of Honoraria | aktion orakon oleg genera kiji diga 1974 (2021-1002) ili dikili didakuliki malika 1986 (mandanan 2009-1973). | - Carron of L | |
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| | PART 7. REPRES | SENTATION BEFORE ST | TATE AGENCIES | |
| List each executive br | oranch agency before which you rep | presented or assisted other | rs for compensation of any a | amount. If none, check the |
| None | | | 554455554455544555445544554455445454454 | 7/MINORE |
| | Name of Agency | | Name of Agend | |
| 1. | • | 3. | , v | |
| 2. | GEST (BRIGHAN) august von er egenggelegt bliebte der er er en besteher i stigligge (Liste)), ellen þei den er e | 4, | and the second s | enegativojaja (APA) (Arvinia en energia (Arvinia en energia) (Arvinia en |
| : | | | <u> </u> | |
| ·· | PART 8. BU | JSINESS WITH STATE A | AGENCIES | |
| List each executive bra \$1,000 during the repo | ranch agency to which you or a mo orting period. Indicate whether you | ember of your immediate fa or a family member sold the | amily sold goods or services e goods or services. If none | s with a value in excess of check the box. |
| None | ************************************** | A PANTANTANTANTANTANTANTANTANTANTANTANTANTA | A STATE OF THE STA | THE PROPERTY OF THE PROPERTY O |
| en filosopie (1988), es promiso de en | Name of Agency | | Name of Agency | |
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| | PART 9. INCOME RECE | IVED BY MEMBERS OF | IMMEDIATE FAMILY | |
| dépendent child(ren) du | nic activity representing each soun uring the reporting period and the l his or her name and job title. List of | rce of income of \$1,000 or r kind of income represented. only the job title of dependen | more received by your spou d. If your spouse or domestion that children who received inco | c partner received income |
| Name of Spouse or | r Domestic Partner and Job Title | Type of Econom Representing Sour Receive | rce of Income | Kind of Income |
| Name:Denna / Job Title: Hame | n Burns | 1. NA | 1. | |
| Job Title: Home | Maker | 3. | 2. 3. | |
| Dependent C | Child(ren) - Job Titles Only | amment/Michigal (dauge the reason) for another 1971-1971/Michigal (Michiga) | anner ett ja ja stil jugiste mennen en e | Alleredges of most of control of all policies regard, speciments of most of the lightly and a super-participate of the lightly and the lightly |
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| | PART 10. OF | FICER OR DIRECTOR | POSITIONS | | |
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| held any office | ofit or nonprofit corporation, firm, association e, trusteeship, directorship, or position of any pensated. If a family member listed, indicate | nature. Indicate whether | you or a family held t | the position and w | ediate family whether the posi- |
| None | mility (1886). Marie neuronioring (1882) i i alministrationes <mark>anny management (1886) </mark> | and the second s | ************************************** | orania de la composition della | |
| and the second section of the section of t | Organization/Business and Address | Title | Position Held By: | Family Member's Name | Compen- sated? |
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| | | SIGNATURE | - | | |
| A Legislator w | ho willfully fails to file a required stateme | ent is subject to a fine o | f up to \$100. (1 M. | R.S.A. § 1017-A | 4) |
| The intentiona willfully filed a | l filing of a false statement is a Class E false statement, it shall refer its findings | crime. If the Commissi of fact to the Attorney | on concludes that i General. (1 M.R.S. | it appears that a A. § 1019) | a Legislator has |
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| | ADDI | TIONAL INFORMATION | V | | |
| Please provide the information | e any additional information below (and n you are providing. Use additional pag | on additional sheets if a es, if necessary. | needed). Indicate | the part or secti | on number for |
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